



CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R11/11-05)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

07-009

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Steiner	First Name Robert	Middle Name Charles	Nickname BOB	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 10715 E. 25th Street		5. FAX (Optional) ( ) n9		6. E-mail Address (Optional) n9
7. City Indpls	State IN	ZIP Code 46229	8. County Marion	9. Telephone (Day) (317) 891-2219
				10. Telephone (Evening) (317) 418-0222
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City County Council 18d. st.	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Robert Charles Steiner				
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 10715 E. 25th		15. FAX (Optional) ( ) n9		16. E-mail Address (Optional) n9
17. City Indpls	State IN	ZIP Code 46229	18. County Marion	19. Telephone (317) 891-2219
20. Committee Organization Date (MM-DD-YY) 1-24-07				
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Robert Charles Steiner				
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 10715 E. 25th St		23. FAX (Optional) ( ) n9		24. E-mail Address (Optional) n9
25. City Indpls	State IN	ZIP Code 46229	26. County Marion	27. Telephone (Day) (317) 891-2219
28. Telephone (Evening) (317) 418-0222				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) NA				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only) n9				
31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Robert C. Steiner		Signature of the Committee Chairperson <i>Robert C. Steiner</i>		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Robert Charles Steiner				
34. Mailing Address <input type="checkbox"/> Check if this is a new address 10715 E. 25th		35. FAX (Optional) ( ) n9		36. E-mail Address (Optional) n9
37. City Indpls	State IN	ZIP Code 46229	38. County Marion	39. Telephone (Day) (317) 891-2219
40. Telephone (Evening) (317) 418-0222				

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>Robert C. Steiner</i>
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Robert Charles Steiner	Signature of Chairperson <i>Robert C. Steiner</i>	Date (MM-DD-YY) 1-24-07
43. Typed or Printed Name of Candidate Robert Charles Steiner	Signature of Candidate <i>Robert C. Steiner</i>	Date (MM-DD-YY) 1-24-07

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Elizabeth A. White

JAN 24 2007

FILED